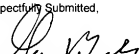
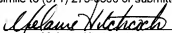


# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al.	Art Unit: 3734
Application No: 09/731,316	Examiner: Mendoza, Michael G
Confirmation No: 1043	Attorney Docket No: NK.0051.00 [53247-US-CNT]
Filed: December 5, 2003	June 29, 2009 San Francisco, CA 94107
Title: SYSTEMS AND METHODS FOR TREATING PACKAGED POWDERS	

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136	
<b>Via EFS</b>  <input checked="" type="checkbox"/> <b>Reply Brief</b> <input type="checkbox"/> Drawing <input type="checkbox"/> (Supplemental) Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	Extension (Months)	Extension Fee
		Large Entity      Small Entity
	<input type="checkbox"/> One Month	\$130.00      \$65.00
	<input type="checkbox"/> Two Months	\$490.00      \$245.00
	<input type="checkbox"/> Three Months	\$1,110.00      \$555.00
	<b>Total \$ 0.00</b>	
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	63	63	0	\$52.00	\$26.00	\$0.00
Independent Claims	9	9	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.	
Fees for Extra Claims	\$0.00	and/or	
<b>Total</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$ 0.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Novartis Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below or via facsimile to (571) 273-9300 or submitted electronically via EFS:		Respectfully Submitted,   Guy V. Tucker Registration No. 45,302	
By:  Melanie Hitchcock		Date: June 29, 2009	